

SUPPLY AND EQUIPMENT CHECKLIST

Clinic Site: _____ **Number** _____ **of** _____

Equipment Needs

- | | |
|--|---|
| <input type="checkbox"/> Copier | <input type="checkbox"/> 5 Large-Screen Televisions |
| <input type="checkbox"/> FAX Machine | <input type="checkbox"/> Cell Phones |
| <input type="checkbox"/> 12 Computers or Laptops | <input type="checkbox"/> Handheld Radios |
| <input type="checkbox"/> 5 DVD or VCR Players | |

General Supplies

- | | | |
|---|--|---|
| <input type="checkbox"/> Tables | <input type="checkbox"/> Stapler/Staples | <input type="checkbox"/> Table pads and clean paper |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Paper Clips | <input type="checkbox"/> Garbage containers |
| <input type="checkbox"/> Water and Cups | <input type="checkbox"/> Scissors | <input type="checkbox"/> Trash Bags |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Post-It Notes | <input type="checkbox"/> ID Badges for Staff |
| <input type="checkbox"/> Pens, Pencils | <input type="checkbox"/> File Boxes | <input type="checkbox"/> 7 Copies of Video |
| <input type="checkbox"/> Envelopes | <input type="checkbox"/> Telephone | <input type="checkbox"/> Food and Drink for Staff |
| <input type="checkbox"/> Rubber Band | <input type="checkbox"/> Paper Towel | <input type="checkbox"/> List of Emergency Phone #s |
| <input type="checkbox"/> Tape | <input type="checkbox"/> Tissues | <input type="checkbox"/> Cleaning supplies |

Crowd Management and Triage Supplies

- | | | |
|---|---|--|
| <input type="checkbox"/> Queue Partitions | <input type="checkbox"/> Signs for Site Designation | <input type="checkbox"/> Signs for Clinic Flow |
|---|---|--|

Vaccine Administration Supplies

- | | |
|--|--|
| <input type="checkbox"/> Smallpox Vaxicools/Refrigerator | <input type="checkbox"/> Acetone |
| <input type="checkbox"/> Vaccine Diluent | <input type="checkbox"/> Rectangle Band-Aids |
| <input type="checkbox"/> Sterilized Bifurcated Needles | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Sharps Containers | <input type="checkbox"/> Adhesive Tape |
| <input type="checkbox"/> Latex Gloves | <input type="checkbox"/> Spray Bottle of Bleach Solution |
| <input type="checkbox"/> Latex-Free Gloves | <input type="checkbox"/> Paper Gowns |
| <input type="checkbox"/> Anti-Bacterial hand washing solutions | <input type="checkbox"/> Vaccination Screens |

Emergency Supplies

- | | |
|---|--|
| <input type="checkbox"/> Standing Orders for Emergencies | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> "Code" kit with defibrillator | <input type="checkbox"/> Aspirin, Tylenol, Regular insulin, D50 |
| <input type="checkbox"/> Ampules of Epinephrine 1:1000 SQ, or | <input type="checkbox"/> Asthma Inhaler |
| <input type="checkbox"/> EPI Pen Adult/EPI Pen Child | <input type="checkbox"/> Tongue Depressors |
| <input type="checkbox"/> Ampules of diphenhydramine (50mg IM) | <input type="checkbox"/> Emesis basin |
| <input type="checkbox"/> 3cc syringes with 1", 25-gauge needles | <input type="checkbox"/> Adult pocket masks with one-way valve |
| <input type="checkbox"/> 1.5" needles | <input type="checkbox"/> Pediatric pocket masks with one-way valve |
| <input type="checkbox"/> Tuberculin syringes with 5/8" needles | <input type="checkbox"/> Adult and pediatric airways |
| <input type="checkbox"/> Alcohol Wipes | <input type="checkbox"/> Tourniquet |
| <input type="checkbox"/> Blood Pressure Cuffs (Various Sizes) | <input type="checkbox"/> Gurney |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Stethoscope |
| <input type="checkbox"/> Oxygen Tank Tubing | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> IV Solution | <input type="checkbox"/> Cots, Blankets, and Pillows |
| <input type="checkbox"/> IV Solution Tubing | <input type="checkbox"/> ER Report Form |